

## State of Washington Application for a Water Right 2



For Ecology Use Fee Paid

Please follow the attached instructions to avoid unnecessary

Date 7-28

, ,	Section 1. APPLICANT - PERSON, ORGA	NIZATION, OR WATER SYSTEM					
. 1	Name LARRY Mª JOAN HATTEMER)	Home Tel: (509)235 - 8035					
	Mailing Address 456 ANNIE Place	Work Tel: ()					
	City CHENEY State WA Zip+4 9900	<u>4</u> + FAX: ()					
	Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION  ☑ Same as above						
	Name						
	Mailing Address						
	City State Zip+4  Relationship to applicant						
	Total Charles to approant						
	Section 3. STATEMENT OF INTENT						
	The applicant requests a permit to use not more than	50 gal min.)					
	☐ cubic feet per second) from a ☐ surface water source or ☐	ground water source (check only one) for the purpose(s)					
	DESCRIPTION OF THE PLACE OF USE. (See instructi	ons.) NOTE: A tax parcel number or a plat number is not					
	sufficient. (Continuous single domestic, st	ons.) NOTE: A tax parcel number or a plat number is not be ockwater, fire protection (as needband seasons per year: 8 - 9 accepted by year of 15 accepted by yea					
	Estimate a maximum annual quantity to be used in acre-foot	per year: 0-1 acu feet for year 1.01 150					
	Check if the water use is proposed for a short-term pro	ject. Indicate the period of time that the water will be needed:					
	From 5 / 1 / to 10 / 1 /						
	Section 4. WATER SOURCE						
	Statutur - Marana States (Co.)						
	If SURFACE WATER	If GROUNDWATER					
	Name the water source and indicate if stream, spring,	A permit is desired for ONE well(s).					
	lake, etc. If unnamed, write "unnamed spring,"						
	"unnamed stream," etc.:						
	Number of diversions:						
	Source flows into (name of body of water):	Size & depth of well(s):					
		6" - 128'					
	LOCATION						
	Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest						
	Approx 600 From corner of workened						
	Approx 600 them corner of water (Lying N. Wand E. of state Huy # 231)						
		If location of source is platted, complete					
, .	1/4 of Section Township Range (E/W						
Portu	m of	Lot Block Subdivision					
	SE 3W 33 23N 39	Lincoln:)					
	For Ecology Use Date Received: 7-24-2000 Priori	ty Date: 7-24-2000					
	SEPA: Exempt/Not Exempt FERC License #	Dept. Of Health #					
	Date Accepted As Complete 12-14-2000 By 150 D	ate ReturnedByWRIA: 43					

ECY 040-1-14 Rev. 7/97 \*\* f **APPLICATION** 

Appl. No.: Carlotte

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.) in water to house of then divert in front of laterally. 5 hp pump.
C.	Do you already have any water rights or claims associated with this property or system?  PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system.  Note: Regional water systems are identified by your County Health Department.
Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
83433G-11973BH	etion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION ompleted for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	Use Lawn + Garden Acres 12 Use PASture Acres 10
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	1. Is the combined acreage greater than 2000 acres?  Do you have a controlling interest in a Family Farm Development Permit?  If yes, enter permit no.:
E.	Farm uses: Stockwater - Total # of animals 3 - 5 Animal Type LocsE (If dairy cattle, see below)  Dairy - # Milking # Non-milking
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-1	APPLICATION

Will y	you be using a dam, dike, or other structure to retain or store water?	☐ YES ☐ NO
point,	E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet, and some portion of the storage will be above grade, you must also apply for a reservoir pervoir application from the Department of Ecology.	
	ction 9. DRIVING DIRECTIONS	
Provid U.S., tyle Apr	ide detailed driving instructions to the project site.  Hwy #90 to tyler Exit - WEST - LIEST ON HARRISON Rd - Lier Rd - Lieft on Way Kon Rd, to CORNER of Way Kon Rd +  PROF. distance is 7 miles	Efton Cornu Hwy#231.
Sec	ction 10. REQUIRED MAP	
A.	Attach a map of the project. (See instructions.)	
	attached	
Sec	ction 11. PROPERTY OWNERSHIP	
A.	Does the applicant own the land on which the water will be used?  If no, explain the applicant's interest in the place of use and provide the name(s) and addre of the owner(s):	⊠YES □ NO ss(es)
В.	Does the applicant own the land on which the water source is located?  If no, submit a copy of agreement:	M YES □ NO
to pro monit	tify that the information above is true and accurate to the best of my knowledge. I unde ocess my application, I grant staff from the Department of Ecology access to the site for itoring purposes. Even though I may have been assisted in the preparation of the above oyees of the Department of Ecology, all responsibility for the accuracy of the information	inspection and application by the
Z	any D. Hatterner	
Apþli	icant (or authorized representative)  Date	
	Same	
Lando	owner for place of use (if same as applicant, write "same")  Date	

Section 8. WATER STORAGE

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We are returning your application	for the following reason	on(s):		
Examination fee was not e	enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128	
		.,		
Section number(s) ncomplete		is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE	
Explanation:				
Please provide the additional info	rmation requested abo	ove and return your	application by	
		·		
cology stoff		Doto		
cology staff		Date		
cology is an Equal Opportunity as	nd Affirmative Action	employer.		

Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).